

FAQS

Using Respiratory Protective Equipment (RPE)

FFP3 respirators (masks)

Why are the respirators masks provided different to the usual ones we use?	Due to the sudden increase in demand to use masks due to COVID-19, supply chain are using supplies put aside for pandemic flu. They only stockpile a limited number of masks.
Why do the respirators masks have a different expiry date	Insert quality control statement
Why do I need to be 'Fit tested' again?	The performance of tight-fitting facepieces depends on achieving a good contact between the wearer's skin and the face seal of the facepiece . Each mask is slightly different and fits to each individual face differently. Therefore, the only way to ensure that it will protect you is to repeat the Fit test again with each different mask provided. <u>Need to be clear that fit checking is required every time used</u>
If I was 'Fit tested' to the make and model in 2009, do I need to do it again?	NO -Provided your face shape has not changed since 2009, (weight changes, dental/facial surgery, facial moles/growths in seal area). Do a Fit-check and if in doubt retest!
What can I do if we are unable to meet demand for Fit Testing?	There is an expectation that would need to prioritise staff groups working in high risk areas and in recognition of this challenge PHE have engaged the services of an independent Respiratory Protective Equipment (RPE) fit testing company, to offer immediate support to trusts who are being asked to use FFP3 respirators that may not be their Business as Usual (BAU) respirator of choice. This service will provide a helpline re training challenges and on-line training on how to run Fit Test Training (add letter attached). A local risk assessment will need to be completed. Follow the most recent Infection Prevention Guidance
Why have we identified shrouded respirators masks in the guidance because if non shrouded respirators masks need to be covered with a visor we cannot adhere to guidance.	Need an answer – ask HPS as they drafted the guidance
When should I use FFP3 masks?	FFP3 masks are only required when undertaking AGP's this is because the process <u>generates aerosols ($\leq 5\mu\text{m}$)</u> <u>reduces the size of the droplets</u> which can result in there being exposure to aerosolised viral particles. AGP's are.... INSERT LINK
We work in an area that is seeing many symptomatic patients and want to wear an FFP3 respirator mask but do not have access to them?	FFP3 masks are only required when managing a patient/client <u>with possible/confirmed COVID-19</u> who is undergoing an aerosolised generating procedure (AGP) INSERT . They are only <u>protective effective</u> if you have been trained and tested in the correct method of

Commented []: Please can we use the term respirator throughout to make a clear distinction from surgical facemasks

Commented []: HSE - Not clear if this is asking why they are being provided with FFP3 instead of surgical masks or is this to do with the different models of FFP3 provided? If the latter type suggest insert ...limited number of models of respirators.

Commented []: HSE – we suggest separate Q to cover this – see below.

Q) Do any special measures need to be taken when fitting FFP3 respirators?
A) FFP3 masks should be fitted according to the manufacturer's instructions, paying particular attention to the area around the nose and ensuring both head straps are positioned correctly and tightened. A pre-use wearer seal check should be carried out in accordance with the manufacturer's instructions.

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Commented []: HSE – we think it unlikely that over a period of 11 years people's faces will not have changed.

The pre-use wearer seal check will indicate whether the mask fits but is no substitute for a face fit test..

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Commented []: HSE - We don't use the term shrouded – not clear what this is referring to?

Commented []: HSE - Does this need to be in full i.e. aerosol generating procedures – for consistency see next Q where it is written in full.

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Commented []: HSE – this doesn't really answer the question posed – It sets out the position that you only need FFP3 if carrying out AGP and that if you are using FFP3, you need to be trained. It doesn't actually answer the point about seeing patients but not having access to FFP3, and why FFP3 are not required. These people may have been fit-tested and trained for FFP3, they just don't have the masks.

	application. If you are looking after this group of patients and there is a possibility that they have COVID-19 please escalate need for urgent training through your emergency planning and response leads.
How long can FFP3 respirators masks be worn for?	FFP3 are tested to ensure they remain effective, provided seal remains intact, for at least an hour , please refer to manufacturers guidance for maximum ma duration. This means theoretically they can be worn constantly for that period of time. If the mask is removed please dispose of as category B waste, clean hands before reapplying new masks.
Do I need to wear a FFP3 when caring for a ventilated patient?	Yes, because although it's a closed circuit there is a risk of accidental disconnection of equipment. The circuit is also opened when patients are undergoing respiratory physio, being weaned or transported.
If caring for patients in a cohort do I need to change FFP3 respirators masks between each patient like gloves and aprons?	If you are working in an Intensive care/High dependency where several symptomatic patients are cohorted. The FFP3 masks can be used continually, provided the seal remains intact for at least an hour, please refer to manufacturers guidance for maximum ma duration. Please ensure staff are adequately hydrated prior to applying the mask.
We are running short of respirators masks how are we to manage our patients safely?	As stated above, because m Masks can be worn for prolonged periods and, unlike gloves and aprons, do not need to be changed between patients, this should rationalise the stock of respirators . If a member of staff does not need to go into the risk area, they do not need to wear them. need to add advice when they should be changed
Why has the guidance changed to say we can use a fluid repellent surgical mask (FRSM) when caring for patients?	As time has gone on it has been recognised that COVID-19 is transmitted through respiratory droplets, this means in most cases when delivering personal care, a FRSM mask will provide protection. Rationalising the PPE by updating the guidance means that we will be able to ensure that the right equipment is used by the right person at the right time based on the transmission risk. The guidance is available here

Commented []: HSE – if we understand this correctly then the following may be clearer to understand ‘trained how to put them on correctly’

Commented []: HSE – this may read that the guidance is only being updated in order to justify downgrading the PPE requirement, rather than the other way round.
This still doesn't really answer the question - Is it to do with the size of droplet? This needs further explanation if it is to provide healthcare workers with the reassurance they need.